

STDs in Racial and Ethnic Minorities

Public Health Impact

Surveillance data show higher reported rates of STDs among some minority racial or ethnic groups when compared with rates among whites. Race and ethnicity in the United States are risk markers that correlate with other more fundamental determinants of health status such as poverty, access to quality health care, health care seeking behavior, illicit drug use, and living in communities with high prevalence of STDs. Acknowledging the disparity in STD rates by race or ethnicity is one of the first steps in empowering affected communities to organize and focus on this problem.

Surveillance data are based on cases of STDs reported to state and local health departments (see **Appendix**). In many areas, reporting from public sources, for example STD clinics, is more complete than reporting from private sources. Since minority populations may utilize public clinics more than whites, differences in rates between minorities and whites may be increased by this reporting bias.

Observations

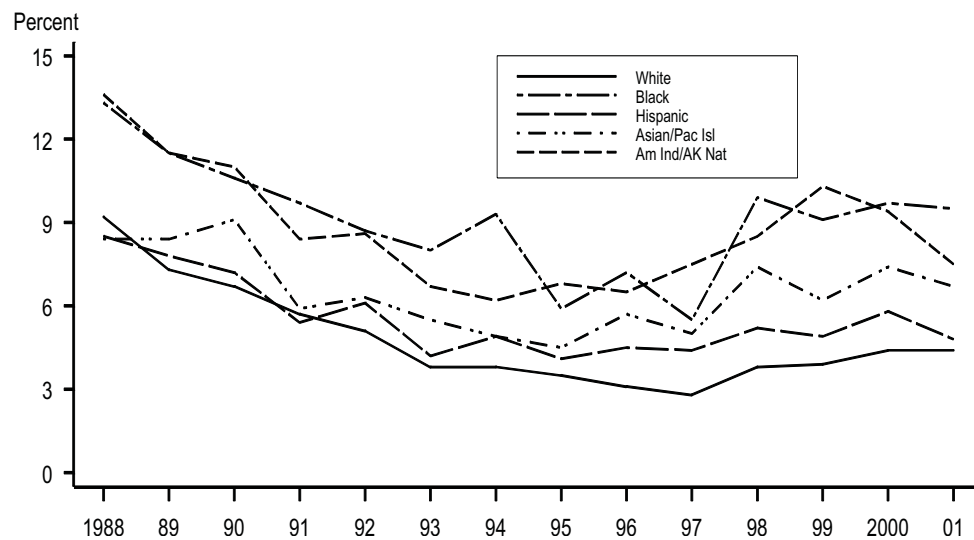
- Although chlamydia is a widely distributed STD among all racial and ethnic groups, trends in positivity in women screened in HHS Region X (Alaska, Idaho, Oregon, and Washington) show consistently higher chlamydia positivity among minorities (Figure T).
- In 2001, chlamydia positivity among sexually active 15- to 30-year-old women screened at clinics of the Indian Health Service (IHS) in four IHS areas ranged from 3.1% to 10.0% (Figure U).
- In 2001, 75% of the total number of cases of gonorrhea reported to CDC occurred among African-Americans (Table 22A). The reported rate of gonorrhea among African-Americans in 2001 was 782.3 cases per 100,000 population (Table 22B). Among Hispanics, the 2001 reported gonorrhea rate was 74.2 cases per 100,000 population and among American Indian/Alaska Natives the rate was 114.4 cases per 100,000 population. These rates are 27, 2.5 and 3.9 times higher respectively than the rate reported among non-Hispanic whites in 2001 of 29.4 cases per 100,000 population (Figure 13, Table 22B).
- Gonorrhea rates in 2001 were highest for African-Americans aged 15- to 24-years among all racial, ethnic, and age categories. In 2001, African-American women aged 15- to 19-years had a gonorrhea rate of 3,495.2 cases per 100,000 females. This rate is 18 times greater than the 2001 rate among non-Hispanic white females of similar age (193.2). African-American men in the 15- to 19-year-old age category had a 2001 gonorrhea rate of 1,794.1 cases per 100,000 males, which was 46 times higher than the rate among 15- to 19-year-old white males of 39.0 (Table 22B). Among 20- to 24-year-olds in 2001,

the gonorrhea rate among African-Americans was 24 times greater than that among non-Hispanic whites (3,387.4 and 143.1 cases per 100,000 population respectively) (Table 22B).

- Although gonorrhea rates declined for most age and race/ethnic groups during the 1980s, this was not the case for African-American adolescents. African-American females aged 15 to 19 did not show a decline in rates until 1991 (Figures V and W). Declines among African-American males aged 15- to 19-years did not begin until 1992 (Figure W). From 2000 to 2001 gonorrhea rates among African-Americans declined slightly by 0.7% (788.2 and 782.3 cases per 100,000 population respectively). In 2001, rates decreased among Asian/Pacific Islanders by 4.0%. During the same period, gonorrhea rates increased by 6.9% among Hispanics and by 5.2% among American Indian/Alaska Natives (Table 22B).
- The syphilis epidemic in the late 1980s occurred primarily among heterosexual, minority populations.¹ From 1990 to 1996, rates of primary and secondary (P&S) syphilis declined among all racial and ethnic groups (Figure 26 and Table 35B). From 1997 to 2000, rates of P&S syphilis were fairly stable in all racial and ethnic groups except African-Americans who experienced steadily declining rates. In 2001, although rates for African-Americans continued to decline, rates for all other racial and ethnic groups increased primarily due to increases among men. Rates for African-Americans and Hispanics continue to be higher than for non-Hispanic whites. In 2001, 62.5% of all cases of P&S syphilis reported to CDC occurred among African-Americans (Table 35A). Although the rate for African-Americans declined from 12.2 to 11.0 cases per 100,000 population between 2000 and 2001, the 2001 rate was 15.7 times greater than the rate of 0.7 per 100,000 population among non-Hispanic whites.
- Between 2000 and 2001, P&S syphilis rates for African-Americans aged 15-19 years declined 20.2%; rates declined 17.9% among African-American females and 25.3% among African-American males in this age group (Figures X and Y, Table 35B). The P&S syphilis rate among young African-American adults aged 20- to 24-years declined 13.7% between 2000 and 2001; rates declined 22.4% among African-American females and 4.5% among African-American males in this age group (Table 35B).
- The 2001 rate of P&S syphilis among Hispanics was 2.1 cases per 100,000 population, which is 3 times greater than the rate among non-Hispanic whites (Table 35B).
- In 2001, the rate of congenital syphilis (based on the mother's race/ethnicity) was 37.8 cases per 100,000 live births among African-Americans and 20.1 cases per 100,000 live births among Hispanics. These rates are 21 and 11 times greater than the 2001 rate of 1.8 cases per 100,000 live births among non-Hispanic whites, respectively (Figure Z, Table 45). Compared with 2000, the 2001 rate of congenital syphilis decreased by 28.4% among African-Americans and 8.6% among Hispanics.

¹ Nakashima AK, Rolfs RT, Flock ML, Kilmarx P, Greenspan JR. Epidemiology of syphilis in the United States, 1941 through 1993. *Sex Transm Dis* 1996;23:16-23.

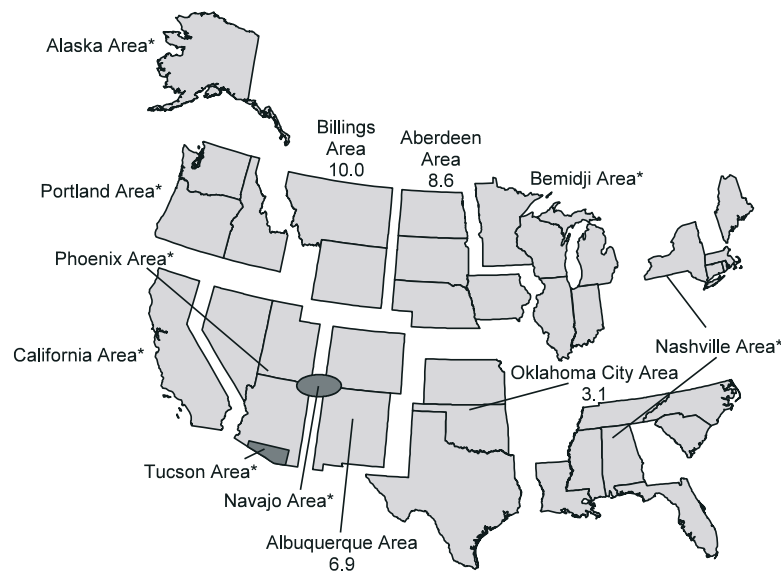
Figure T. Chlamydia — Positivity among women tested in family planning clinics by race and ethnicity: Region X, 1988–2001



Note: Women who met screening criteria were tested. Trends not adjusted for changes in laboratory test method and associated increases in test sensitivity in 1994, 1999–2001.

SOURCE: Regional Infertility Prevention Program: Region X Chlamydia Project (Alaska, Idaho, Oregon and Washington)

Figure U. Chlamydia — Positivity among 15-30 year old women tested in Indian Health Service Clinics by IHS areas, 2001



*IHS areas not reporting chlamydia positivity data during 2001. See Appendix for definitions of IHS areas.

Note: Albuquerque Area - chlamydia positivity data reported for January–October only.

SOURCE: Indian Health Service

Figure V. Gonorrhea — Reported rates for 15-19 year old females by race and ethnicity: United States, 1981–2001

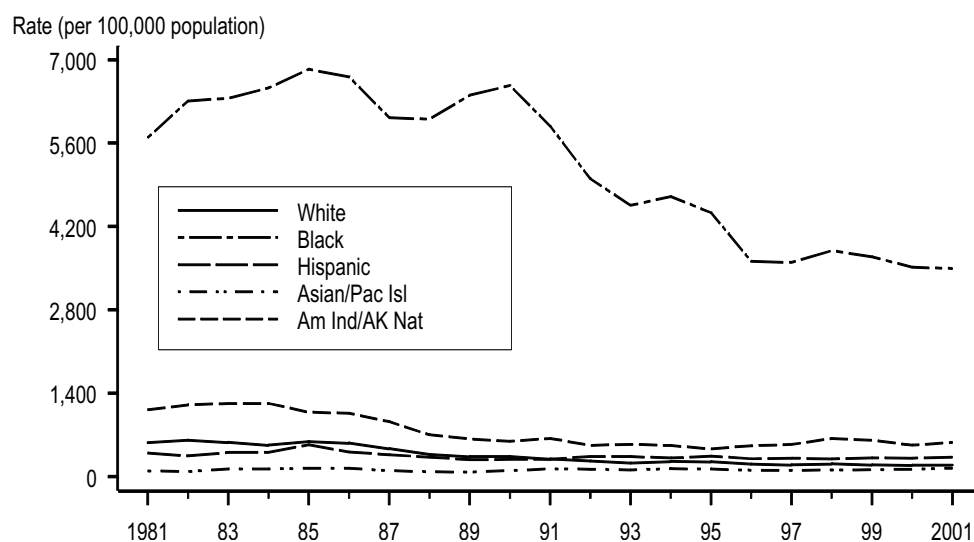


Figure W. Gonorrhea — Reported rates for 15-19 year old males by race and ethnicity: United States, 1981–2001

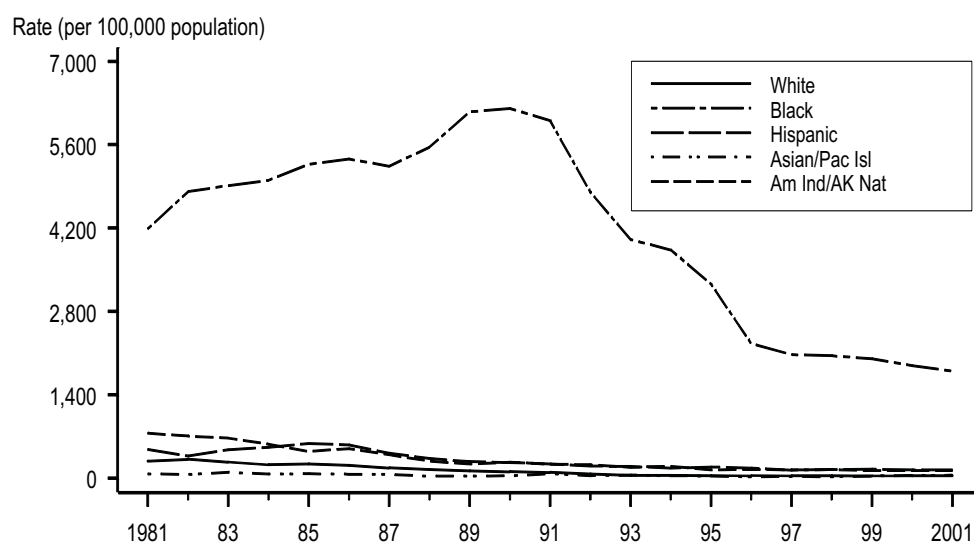


Figure X. Primary and secondary syphilis — Reported rates for 15-19 year old females by race and ethnicity: United States, 1981–2001

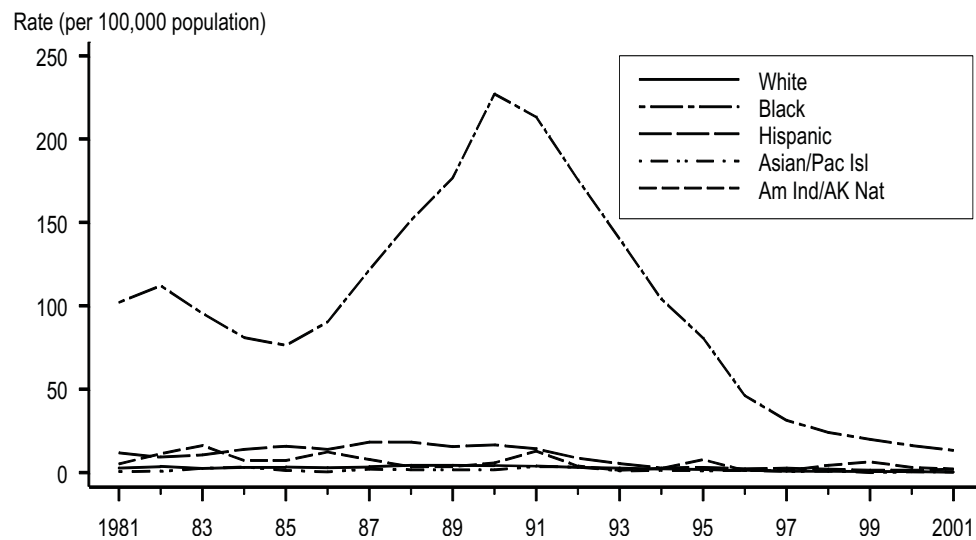


Figure Y. Primary and secondary syphilis — Reported rates for 15-19 year old males by race and ethnicity: United States, 1981–2001

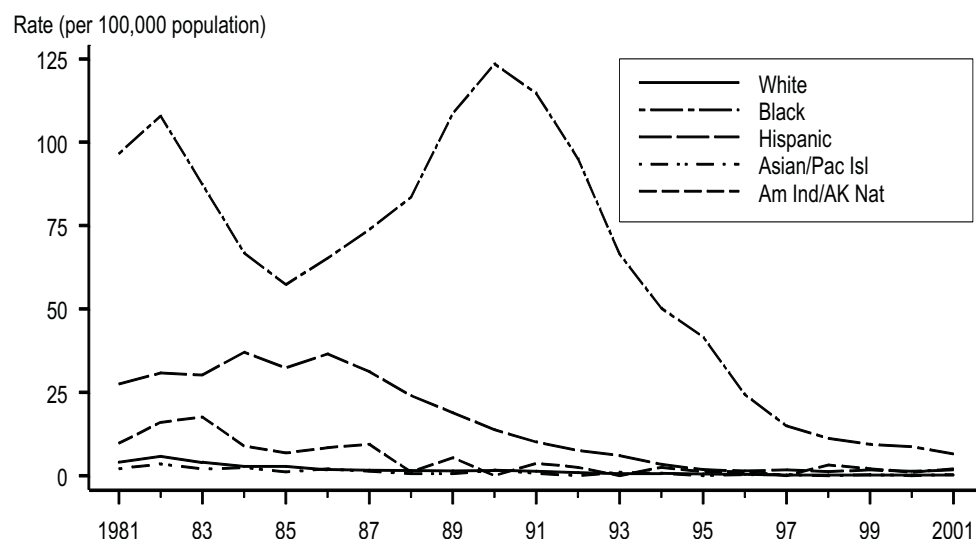
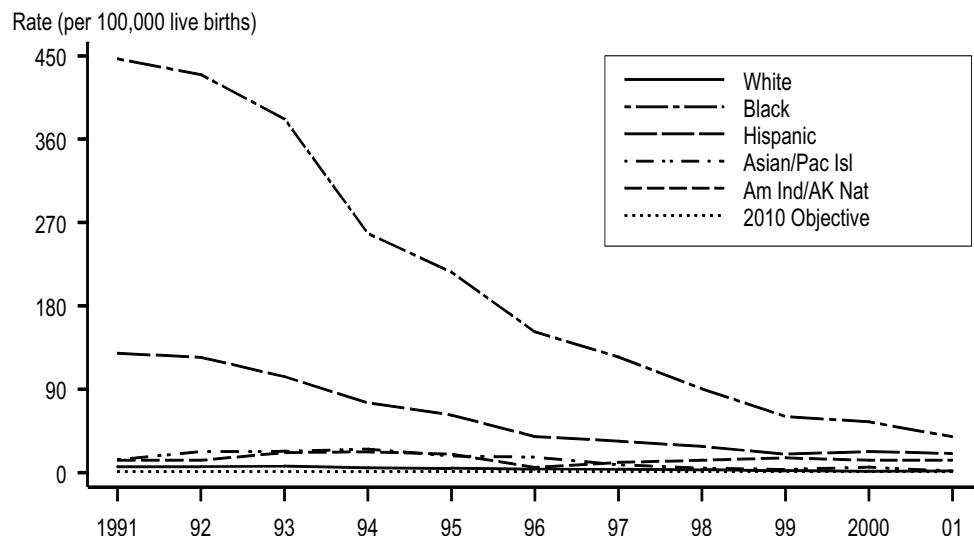


Figure Z. Congenital syphilis — Rates for infants <1 year of age by mother's race and ethnicity: United States, 1991–2001 and the Healthy People year 2010 objective



Note: Less than 5% of cases had missing race/ethnicity information and were excluded.